

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:

|_|_|_| |_|_|_| |_|_|_| |_|_|_|

**CALIFORNIA DEPARTMENT
OF TOXIC SUBSTANCES
CONTROL**

2018 Annual Facility Report

FORM

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**CEASED OPERATING AS A
PERMITTED OR
INTERIM STATUS
HAZARDOUS WASTE
FACILITY**

INSTRUCTIONS: Please see Appendix F of the CA Supplemental Instructions for filing instructions and reference 22 CCR 66264.75(k) at www.oal.ca.gov if additional clarification is needed.

Sec. I

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Prior Authorization ___ Permit ___ Interim Status	B. Date of Permit Month Day Year	C. Date of Interim Status Month Day Year
D. Current Permit Status ___ Ceased Operating ___ Converted to lower tier permitting ___ Permit Rescinded ___ Permit Withdrawn	E. Date Ceased Operating all permitted units Month. Day Year	G. Converted all Units to ___ Permit by Rule ___ Conditionally Authorized ___ Conditionally Exempt ___ Less than 90 days storage ___ Other
	F Date all units were converted to tier permitting Month. Day Year	
H. Date facility notified DTSC of closure Month. Day Year	I. Is facility applying for Post-Closure Permit? ___ Yes ___ No	J. Date of facility Closure Certification/verification Month. Day Year

Comments: List any other closure activity below

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**CLOSURE & POST-CLOSURE
COST ESTIMATE AND
ENVIRONMENTAL
MONITORING DATA**

INSTRUCTIONS: Please see Appendix F of the CA Supplemental Instructions for filing instructions and reference 22 CCR 66264.75(g) at www.oal.ca.gov if additional clarification is needed.

**Sec. I CLOSURE AND POST-
CLOSURE COST ESTIMATES**

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Type of Estimate
____ Closure Cost
____ Post-Closure Cost

B. Total Cost Estimate

C. Type and capacity of units (Please check type and unit of measurement)

____ Storage	_____	Gallons _____ Tons
____ Treatment	_____	Gallons Tons per month
____ Disposal	_____	Gallons Tons per month
____ Incineration	_____	Gallons Tons per month
____ Open Burn/Detonation	_____	Gallons Tons per month
____ Other	_____	Gallons Tons per month
Specify Other	_____	

**Sec. II ENVIRONMENTAL
MONITORING DATA**

Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

Comments: